

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
 or **Fax (571)-273-2885**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. Further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

8791 7590 06/07/2007

BLAKELY SOKOLOFF TAYLOR & ZAFMAN
1279 OAKMEAD PARKWAY
SUNNYVALE, CA 94085-4040

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Cheri Clinkenbeard

(Depositor's name)

C. Clinkenbeard

(Signature)

9.6.07

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/729,811

12/04/2000

Brant Candlore

80398.P311

9260

TITLE OF INVENTION: METHOD AND SYSTEM TO MAINTAIN RELATIVE STATISTICS FOR CREATING AUTOMATICALLY A LIST OF FAVORITES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$300

\$0

\$1700

09/07/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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BELIVEAU, SCOTT E

2623

725-046000

09/10/2007 NNGUYEN2 00000074 09729811

01 FC:1501

1400.00 OP

02 FC:1504

300.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Blakely, Sokoloff,**

2 **Taylor & Zafman LLP**

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sony Corporation/Sony Electronics Inc.

Tokyo, Japan/Park Ridge, NJ

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☒ A check is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Typed or printed name

Sheryl Sue Holloway

Registration No.

37,850

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**FEE TRANSMITTAL FOR FY 2007**

(Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

TOTAL AMOUNT OF PAYMENT (\$) 1700.00**Complete If Known:**

Application No. 09/729,811
Filing Date 12/4/00
First Named Inventor Candelore
Examiner Name Beliveau, S.
Art Unit 2623
Attorney Docket No. 80398.P311

____ Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

____ Check ____ Credit Card ____ Money Order ____ None ____ Other (please identify)

____ Deposit AccountDeposit Account Number : 02-2666

Deposit Account Name: _____

☒ The Director is Authorized to do the following with respect to the above-identified Deposit Account:

☒ Charge fee(s) indicated below.

☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

☐ Charge fee(s) indicated below except for the filing fee

☒ Credit any overpayments.

☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Large Entity		Small Entity		Fee Description		Fees Paid (\$)
Fee Code	Fee (\$)	Fee Code	Fee (\$)			
1011	300	2011	150	Utility application filing fee	} 1,000/500	_____
1111	500	2111	250	Utility search fee		_____
1311	200	2311	100	Utility examination fee		_____
1012	200	2012	100	Design application filing fee	} 430/215	_____
1112	100	2112	50	Design search fee		_____
1312	130	2312	65	Design examination fee		_____
1013	200	2013	100	Plant filing fee	} 660/330	_____
1113	300	2113	150	Plant search fee		_____
1313	160	2313	80	Plant examination fee		_____
1004	300	2004	150	Reissue filing fee	} 1,400/700	_____
1114	500	2114	250	Reissue search fee		_____
1314	600	2314	300	Reissue examination fee		_____
1005	200	2005	100	Provisional application filing fee		_____
SUBTOTAL (1) \$						<u>0</u>

2. EXCESS CLAIM FEES**Fee Description****Large Entity Small Entity****Fee Fee Fee Fee****Code (\$) Code (\$) Fee Description**

1202 50 2202 25 Each claim over 20

1201 200 2201 100 Each independent claim over 3

1203 360 2203 180 Multiple dependent claims, if not paid

1204 200 2204 100 Reissue: each claim over 20 and more than in the original patent

1205 50 2205 25 Reissue: each independent claim more than in the original patent

	<u>Extra Claims</u>	<u>Fee</u>	<u>Fees Paid (\$)</u>
Total Claims _____ - 20 or HP = _____	X	_____	= _____
HP = highest number of total claims paid for, if greater than 20			
Independent Claims _____ - 3 or HP = _____	X	_____	= _____
HP = highest number of independent claims paid for, if greater than 3			
Multiple Dependent Claims _____		_____	= _____

SUBTOTAL (2) \$ 0**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 C.F.R. 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee from below</u>	<u>Fees paid (\$)</u>
_____ - 100 = _____	/ 50 = _____	(round up to whole number)	X \$ _____	_____

Large Entity Small Entity**Fee Fee Fee Fee****Code (\$) Code (\$) Fee Description: Application size fee for each additional group of 50 sheets****beyond initial 100 sheets (count spec & drawings except sequences & program listings):**

1081 250 2081 125 Utility

1082 250 2082 125 Design

1083 250 2083 125 Plant

1084 250 2084 125 Reissue

SUBTOTAL (3) \$ 0

FEE CALCULATION (continued)**4. OTHER FEE(S)**

				<u>Fees Paid (\$)</u>
Non-English Specification, \$130 fee (no small entity discount)				
<u>Large Entity</u>		<u>Small Entity</u>		
<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	
<u>Code</u>	<u>(\$)</u>	<u>Code</u>	<u>(\$)</u>	<u>Fee Description</u>
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130	Non-English specification
1812	2,520	1812	2,520	For filing a request for ex parte reexamination
1813	8,800	1813	8,800	Request for inter parties reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	1451	1,510	Petition to institute a public use proceeding
1452	500	2452	250	Petition to revive - unavoidable
1453	1,500	2453	750	Petition to revive - unintentional
1501	1,400	2501	700	Utility issue fee (or reissue)
1502	800	2502	400	Design issue fee
1503	1100	2503	550	Plant issue fee
1462	400	1462	400	Petitions to the Commissioner (CFR 1.17(f) Group I)
1463	200	1463	200	Petitions to the Commissioner (CFR 1.17(g) Group II)
1464	130	1464	130	Petitions to the Commissioner (CFR 1.17(h) Group III)
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
8021	40	8021	40	Recording each patent assignment per
				property (times number of properties)
1809	790	2809	395	For filing a submission after final rejection
				(see 37 CFR 1.129(a))
1814	130	2814	65	Statutory Disclaimer
1810	790	2810	395	For each additional invention to be examined
				(see 37 CFR 1.129(b))
1801	790	2801	395	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design
				application
1504	300	1504	300	Publication fee for early, voluntary, or normal pub.
1505	300	1505	300	Publication fee for republication
1803	130	1803	130	Request for voluntary publication or republication
1808	130	1808	130	Processing fee under 37 CFR 1.17(i) (except provisionals)
1454	1,370	1454	1,370	Acceptance of unintentionally delayed claim for priority
Other fee (specify) _____				
Other fee (specify) _____				
SUBTOTAL (4) \$ 1700.00				

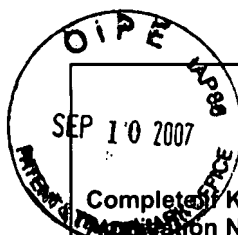
*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: Sheryl Sue Holloway

Signature: _____

Date: Sept. 6, 2007Reg. Number: 37,850Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL FOR FY 2007**

(Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

TOTAL AMOUNT OF PAYMENT (\$) 1700.00

Completeness Known:

Application No. 09/729,811
 Filing Date 12/4/00
 First Named Inventor Candelore
 Examiner Name Beliveau, S.
 Art Unit 2623
 Attorney Docket No. 80398.P311

Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify)
Deposit AccountDeposit Account Number : 02-2666

Deposit Account Name: _____

☒ The Director is Authorized to do the following with respect to the above-identified Deposit Account:☒ Charge fee(s) indicated below.☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.☐ Charge fee(s) indicated below except for the filing fee☒ Credit any overpayments.☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

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Large Entity		Small Entity		Fee Description		Fees Paid (\$)
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1314	600	2314	300	Reissue examination fee		_____
1005	200	2005	100	Provisional application filing fee		_____
SUBTOTAL (1) \$						<u>0</u>

2. EXCESS CLAIM FEES**Fee Description****Large Entity**

Fee Code	Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)
1202	50	2202	25
1201	200	2201	100
1203	360	2203	180
1204	200	2204	100
1205	50	2205	25

Fee Description

Each claim over 20

Each independent claim over 3

Multiple dependent claims, if not paid

Reissue: each claim over 20 and more than in the original patent

Reissue: each independent claim more than in the original patent

	<u>Extra Claims</u>	<u>Fee</u>	<u>Fees Paid (\$)</u>
Total Claims _____ - 20 or HP = _____	X	_____	= _____
HP = highest number of total claims paid for, if greater than 20			
Independent Claims _____ - 3 or HP = _____	X	_____	= _____
HP = highest number of independent claims paid for, if greater than 3			
Multiple Dependent Claims _____		_____	= _____
		SUBTOTAL (2)	\$ <u>0</u>

3. APPLICATION SIZE FEE

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<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee from below</u>	<u>Fees paid (\$)</u>
_____ - 100 = _____	/ 50 = _____	(round up to whole number)	X \$ _____	_____

Large Entity

Fee Code	Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)
1081	250	2081	125
1082	250	2082	125
1083	250	2083	125
1084	250	2084	125

Fee Description: Application size fee for each additional group of 50 sheets beyond initial 100 sheets (count spec & drawings except sequences & program listings):

Utility

Design

Plant

Reissue

SUBTOTAL (3) \$ 0

FEE CALCULATION (continued)**4. OTHER FEE(S)**

				Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)					
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1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	500	2452	250	Petition to revive - unavoidable	
1453	1,500	2453	750	Petition to revive - unintentional	
1501	1,400	2501	700	Utility issue fee (or reissue)	1400.00
1502	800	2502	400	Design issue fee	
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1464	130	1464	130	Petitions to the Commissioner (CFR 1.17(h) Group III)	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	For filing a submission after final rejection (see 37 CFR 1.129(a))	
1814	130	2814	65	Statutory Disclaimer	
1810	790	2810	395	For each additional invention to be examined (see 37 CFR 1.129(b))	
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1802	900	1802	900	Request for expedited examination of a design application	
1504	300	1504	300	Publication fee for early, voluntary, or normal pub.	300.00
1505	300	1505	300	Publication fee for republication	
1803	130	1803	130	Request for voluntary publication or republication	
1808	130	1808	130	Processing fee under 37 CFR 1.17(i) (except provisionals)	
1454	1,370	1454	1,370	Acceptance of unintentionally delayed claim for priority	
Other fee (specify) _____					
Other fee (specify) _____					
				SUBTOTAL (4)	\$ 1700.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: Sheryl Sue HollowaySignature: Date: Sept. 6, 2007Reg. Number: 37,850Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Attorney Docket No. 80398.P311

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:)	
)	Art Unit: 2623
Candelore, et al.)	
)	
Serial No.: 09/729,811)	Examiner: Beliveau, S.
)	
Filed: December 4, 2000)	
)	
For: Method and System to Maintain)	
Relative Statistics for Creating)	
Automatically a List of Favorites)	

Mail Stop Issue Fee
P.O. Box 1450
Alexandria, VA 22313-1450

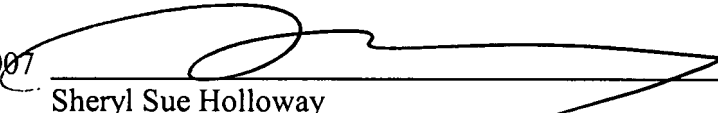
PAYMENT OF ISSUE FEE

In response to the Notice of Allowance mailed June 7, 2007, enclosed herewith for filing in the above-referenced patent application is a check in the amount of \$1,700.00 for payment of the issue fee and the publication fee.

Please charge any shortages or credit any overages to our Deposit Account No. 02-2666.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date Sept. 6, 2007 
Sheryl Sue Holloway
Reg. No. 37,850

1279 Oakmead Parkway
Sunnyvale, CA 94085-040
(408) 720-8300